MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		(1)				
5		1				
6		(1)				
7	1					
8		1				
9		2				
10		(1)				
11		1				
12		(1)				
13	1					
14						
15		2				
16		(1)				
17		1				
18		(1)				
19	1					
20	1					
21	1					
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	18					
TOTAL CLAIMS	22					

		IND	DEP	IND	DEP	IND	DEP
51							
52							
53							
54							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							